

**UNINCORPORATED NONPROFIT ASSOCIATION
CHANGE OR TERMINATION OF REGISTERED AGENT FOR SERVICE OF PROCESS**

To the Secretary of State of the State of Idaho:

Assoc. # _____

1. The name of the nonprofit association is: _____
2. The address of the nonprofit association is: _____
3. The name of the current registered agent is: _____
4. The name of the new registered agent is: _____
5. The physical address of the new registered agent is: _____

I consent to serve as registered agent for the above-named entity.

(Signature of new registered agent)

☐ By checking this box, the association is terminating the registered agent because the association is no longer active.

Signature of a manager of the nonprofit association:

Dated: _____

Mail to:
Idaho Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Secretary of State use only

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Revised 04/2004

FILE ONE COPY

NO FEE REQUIRED